



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 10 No. 85

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TO: Physicians and Independent Clinics
Health Maintenance Organizations – For Information

SUBJECT: Updates to the Second Surgical Opinion Program

EFFECTIVE: Immediately

PURPOSE: (1) To amend the updated list of elective surgical procedures which require second surgical opinions
(2) To reflect the additions and deletions in the 2000 Physicians' Current Procedural Terminology (CPT)

BACKGROUND: The New Jersey Division of Medical Assistance and Health Services (DMAHS) requires that a Medicaid and NJ KidCare-Plan A beneficiary who is not enrolled in managed care receive a second surgical opinion before certain elective procedures are performed. A second surgical opinion must be provided by an approved Second Surgical Opinion Physician. A Medicaid or NJ KidCare-Plan A beneficiary arranges for a second surgical opinion by calling the Second Surgical Opinion Hotline at 1-800-676-6562 and then pressing * 3. Board-certified specialists in the appropriate fields (ENT, General Surgery, Pediatrics, Neurology, Neurological Surgery, OB/GYN, or Orthopedics) who wish to become Second Surgical Opinion providers may do so by contacting the following address for an application:

Unisys
Attention: Second Surgical Opinion Unit
P.O. Box 4801
Trenton, New Jersey 08650-4801

It should be emphasized that the requirement for a second surgical opinion is waived when the operating physician determines that the need for surgery is urgent or emergent. For second surgical opinion purposes, "urgent or emergent" means that a delay in surgery to comply with the protocol of the Second Surgical Opinion Program would result in a significant threat to the patient's health or life. A second surgical opinion is also waived when there is no appropriate Second Surgical Opinion providers geographically accessible to the beneficiary. However, the Medicaid or NJ KidCare-Plan A beneficiary must contact the Second Surgical Opinion Hot-Line to get appropriate documentation for the geographic waiver (FD-263 form).

To facilitate reimbursement in instances where the surgery meets the "Urgent or Emergent" definition, the physician or independent clinic must attach to the claim form a

statement from the operating physician attesting to the urgent or emergent nature of the illness or situation (see N.J.A.C. 10:54-5.40).

No **Medicaid Second Surgical Opinion Referral Form** (FD-263) (1/94) will be required for claims submitted by an anesthesiologist or an assistant surgeon.

Claims for the elective procedures covered by this policy that **do not** meet the exceptions discussed above must be submitted hard copy and have a Medicaid Second Surgical Opinion Referral Form (FD-263) attached.

ACTION: The following HCPCS procedure codes require a Second Surgical Opinion:

A. **Hysterectomy (Elective Procedures)**

58150	58267
58152	58270
58180	58275
58260	58280
58262	58550
58263	58551

B. **Spinal Fusion ***

22548	22610	22808*	22844*
22554	22612	22810	22845*
22556*	+22614	22812	22846*
22558	22630	22830*	22847*
+22585	+22632	22840*	22848*
22590	22800*	22841*	22849
22595	22802*	22842*	
22600	22804*	22843*	

NOTE: HCPCS codes identified with an asterisk (*) do not require a Second Surgical Opinion if the beneficiary is 18 years of age or under with a diagnosis of scoliosis.

NOTE: Effective for claims with dates of service on or after January 1, 2000, the codes proceeded with a "+" sign are designated as add-on codes. These add-on codes are always performed in addition to the primary procedure **only** by the **same physician**. All add-on codes are **exempt** from the multiple surgical pricing methodology (see N.J.A.C. 10:54-4.15). In the forthcoming proposal to the chapter, the indicator code "E" will be used to define these add-on codes.

C. **Laminectomy ***

63001	63046	63087	63197
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63003	63047	+63088	63198
63005	63048	63090	63199
63011	63055	+63091	63200
63012	63056	63170	63250
63015	63057	63172	63251
63016	63064	63173	63252
63017	63066	63180	63265
63020	63075	63182	63266
63020 50	+63076	63185	63267
63030	63077*	63190	63268
63030 50	+63078*	63191	63270
63035	63081	63191 50	63271
63040	+63082	63194	63272
63042	63085	63195	63273
63045	+63086	63196	

NOTE: HCPCS procedure codes identified with asterisk (*) do not require a Second Surgical Opinion if the beneficiary is 18 years of age or under with a diagnosis of scoliosis.

NOTE: Effective for claims with dates of service on or after January 1, 2000, the codes proceeded with a “+” sign are designated as add-on codes. These add-on codes are always performed in addition to the primary procedure **only** by the **same physician**. All add-on codes are **exempt** from the multiple surgical pricing methodology (see N.J.A.C. 10:54-4.15). In the forthcoming proposal to the chapter, the indicator code “E” will be used to define these add-on codes.

D. **Hernia Repair (Unilateral or Bilateral) including umbilical hernia**

NOTE: Second Surgical Opinion for these procedures is required **ONLY** for beneficiaries 19 years of age or older. It **IS NOT** required for these procedures for beneficiaries 18 years of age or under.

49505	49555	49651
49505 50	49555 50	56316
49520	49560	56317
49520 50	49565	
49525	49570	
49525 50	49585	
49550	49590	
49550 50	49650	

Health Maintenance Organization (HMO) prior authorization policies and procedures remain in effect.

Information or questions should be directed to Unisys, the Division's fiscal agent, at the Second Opinion Referral Center, 1-800-676-6562 and then pressing * 3..

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(BLUE TAB MARKED "5")**